

*State of Hawaii
Department of Health
Child and Adolescent Mental Health Division
3627 Kilauea Avenue
Honolulu, Hawaii, 96816*

***CHILD AND ADOLESCENT MENTAL HEALTH DIVISION QUALITY
ASSURANCE AND IMPROVEMENT PROGRAM WORK PLAN
FISCAL YEAR 2006 (REVISED NOVEMBER 15, 2005)
(OCTOBER 1, 2005 - SEPTEMBER 30, 2006)***

Child and Adolescent Mental Health Division
QUALITY ASSURANCE AND IMPROVEMENT PROGRAM WORKPLAN
FISCAL YEAR 2006

I. PURPOSE

The purpose of the Quality Assurance and Improvement Program Workplan is to support the program goals and objectives and describe an organized schedule of quality improvement (QI) activities during fiscal year 2006.

II. SCOPE

The scope of the Work Plan includes Child and Adolescent Mental Health Division (CAMHD) activities related to emergency services care, intensive home-and community-based and residential services, hospital-based and administrative support services. The program addresses both QUEST and non-QUEST youth. This includes activities designated by the State of Hawaii and other stakeholders as appropriate.

III. POPULATION DEMOGRAPHICS

The demographic and epidemiological data are the basis for selection of the workplan activities and studies. As the population fluctuates and new information becomes available, the Work Plan will be updated to facilitate the behavioral health care needs of our clients. Additionally, the demographic and epidemiological data will be analyzed respective to the following variables: age, gender, ethnicity, diagnostic grouping, service (i.e., level of care). The following represents current knowledge as of June 30, 2005.

IV. SYSTEMATIC MONITORING

Each of the areas listed for systematic monitoring will not be addressed simultaneously. Areas of priority will be selected based upon the population served, the most recent monitoring findings and at the direction of the State and the stakeholders.

V.

Statewide Demographic Summary of QUEST and Non-QUEST Agency Involvement
For the Period of July 1, 2004 to June 30, 2005
as of June 30, 2005

Registered QUEST Youth		
Gender	N	% of Available
Females	387	38%
Males	631	62%

National Origin (Unduplicated)	N	% of Available
Not Hispanic	283	69.5%
Hispanic or Latino/a	124	30.5%
Not Available (% of Total)	611	60.0%

Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	1	0.2%
Asian	35	5.3%
Black or African-American	10	1.5%
Native Hawaiian or Pacific Islander	76	11.4%
White	112	16.8%
Other Race	2	0.3%
Multiracial	429	64.5%
Based on Observation	93	14.0%
Not Available (% of Total)	353	34.7%

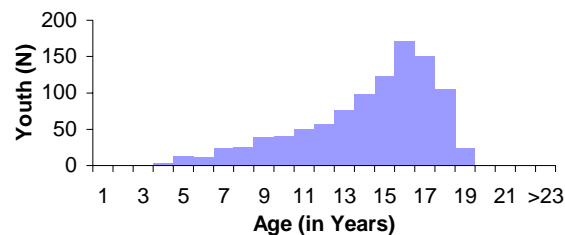
Registered Non-QUEST Youth		
Gender	N	% of Available
Females	461	32%
Males	974	68%

National Origin (Unduplicated)	N	% of Available
Not Hispanic	240	72.3%
Hispanic or Latino/a	92	27.7%
Not Available (% of Total)	1,103	76.9%

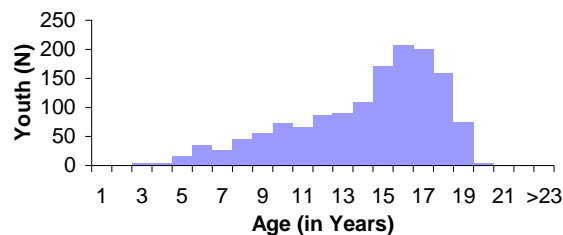
Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	59	10.7%
Black or African-American	7	1.3%
Native Hawaiian or Pacific Islander	56	10.2%
White	108	19.7%
Other Race	9	1.6%
Multiracial	310	56.5%
Based on Observation	79	14.4%
Not Available (% of Total)	886	61.7%

Note: The large amount of missing race and national origin data reflect CAMHD's conversion of these data fields to align with federal guidelines during fiscal year 2005.

Age at End of Period	Mean	SD
Years	14.7	3.3



Age at End of Period	Mean	SD
Years	14.7	3.6



Registered QUEST Youth		
Primary Diagnosis of	N	% of Available
None Recorded	5	0.5%
Deferred	0	0.0%
Adjustment	81	8.3%
Anxiety	99	10.1%
Attentional	200	20.4%
Disruptive Behavior	251	25.6%
Mental Retardation	0	0.0%
Miscellaneous	68	6.9%
Mood	218	22.2%
Pervasive Developmental	4	0.4%
Substance-Related	35	3.6%
Not Available (% of Total)	38	3.7%

Any Diagnosis of	N	% of Available
Adjustment	128	13.1%
Anxiety	211	21.5%
Attentional	391	39.9%
Disruptive Behavior	477	48.7%
Mental Retardation	23	2.3%
Miscellaneous	256	26.1%
Mood	369	37.7%
Pervasive Developmental	9	0.9%
Substance-Related	158	16.1%
Multiple Diagnoses	750	76.5%
Ave. Number of Diagnoses	2.1	

Registered Non-QUEST Youth		
Primary Diagnosis of	N	% of Available
None Recorded	9	0.7%
Deferred	0	0.0%
Adjustment	76	6.2%
Anxiety	95	7.8%
Attentional	345	28.2%
Disruptive Behavior	289	23.6%
Mental Retardation	0	0.0%
Miscellaneous	48	3.9%
Mood	295	24.1%
Pervasive Developmental	24	2.0%
Substance-Related	30	2.5%
Not Available (% of Total)	213	14.8%

Any Diagnosis of	N	% of Available
Adjustment	130	10.6%
Anxiety	183	15.0%
Attentional	514	42.1%
Disruptive Behavior	547	44.8%
Mental Retardation	23	1.9%
Miscellaneous	254	20.8%
Mood	441	36.1%
Pervasive Developmental	24	2.0%
Substance-Related	209	17.1%
Multiple Diagnoses	835	68.3%
Ave. Number of Diagnoses	1.7	

Registered Quest Involved Youth

Top Ten Primary Diagnoses	N	%
ATTN-DEFICIT/HYPERACT DIS, COMBINED TYPE	160	15.7%
CONDUCT DISORDER	115	11.3%
OPPOSITIONAL DEFIANT DISORDER	94	9.2%
DYSTHYMIC DISORDER	74	7.3%
POSTRAUMATIC STRESS DISORDER	69	6.8%
ADJUSTMENT DISORDER W/MIXED DISTURBANCE OF EMOTION	44	4.3%
DISRUPTIVE BEHAVIOR DISORDER NOS	42	4.1%
DEPRESSIVE DISORDER NOS	40	3.9%
BIPOLAR DISORDER NOS	28	2.8%
REACTIVE ATTACH DIS OF INFANCY OR EARLY CHILDHOOD	28	2.8%

Registered Non-Quest Involved Youth

Top Ten Primary Diagnoses	N	%
ATTN-DEFICIT/HYPERACT DIS, COMBINED TYPE	254	17.7%
CONDUCT DISORDER	140	9.8%
OPPOSITIONAL DEFIANT DISORDER	111	7.7%
DYSTHYMIC DISORDER	95	6.6%
ATTN-DEFICIT/HYPERACT DIS, PREDOMINANT INATTENTIVE	72	5.0%
ADJUSTMENT DISORDER W/MIXED DISTURBANCE OF EMOTION	43	3.0%
POSTRAUMATIC STRESS DISORDER	42	2.9%
DISRUPTIVE BEHAVIOR DISORDER NOS	38	2.6%
DEPRESSIVE DISORDER NOS	36	2.5%
BIPOLAR DISORDER NOS	23	1.6%

Any Services Authorized	Monthly Average	Total N	% of Authorized
Out-of-State	0	1	0%
Hospital Residential	13	50	6%
Community High Risk	6	9	1%
Community Residential	86	200	24%
Therapeutic Group Home	52	118	14%
Therapeutic Family Home	88	165	20%
Respite Home	0	3	0%
Intensive Day Stabilization	0	0	0%
Multisystemic Therapy	55	160	19%
Intensive In-Home	220	433	51%
Flex	69	213	25%
Respite	21	40	5%
Less Intensive	30	232	27%
Crisis Stabilization	5	37	4%
Unduplicated Total		844	
Unduplicated % of Registered		82.9%	

Monthly Average	Total N	% of Authorized
6	7	0.5%
9	42	2.9%
4	8	0.6%
44	121	8.4%
24	71	4.9%
24	60	4.2%
0	1	0.1%
0	0	0.0%
50	163	11.4%
152	350	24.4%
38	134	9.3%
3	13	0.9%
19	163	11.4%
1	18	1.3%
	684	
	47.7%	

VI. GOALS AND STRATEGIES

Specific goals and tactics to achieve the goals and objectives for 2005-2006 include the following:

A. Provision of services by qualified practitioners

- a. Ensure all licensed and paraprofessional providers of CAMHD services are actively credentialed
- b. Ensure CAMHD recredentialing of providers
- c. Establish service contracts for all levels of care except Multisystemic Therapy

B. Utilization Program

- a. Ensure access and availability to services of eligible youth
- b. Minimize inappropriate use of overly restrictive levels of care
- c. Identify and correct underutilization
- d. Promote coordination of care
- e. Promote provider communication and satisfaction with UM program

C. Quality of Care and Service Provision

- a. Monitor sentinel events to assure youth are safe
- b. Conduct quality of care studies
- c. Track CAFAS scores for CAMHD youth
- d. Track school performance through CAFAS sub-scale for CAMHD youth
- e. Conduct monitoring of all contracted Provider Agencies for quality of service provision
- f. Engage in business practices that support CAMHD processes
- g. Review and revise performance standards and practice guidelines

D. Consumer Satisfaction

- a. Monitor consumer satisfaction through grievance and appeals
- b. Monitor consumer satisfaction survey results

E. Delegation Oversight

- a. Conduct delegation oversight for credentialing

F. Compliance Program

- a. Minimize fraud and abuse

PERFORMANCE MEASURES
Conducted by CAMHD

A. Provision of Services by Qualified Practitioners

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sept 2006
Provider Credentialing	Network Adequacy	P	C/S	Monthly Indicator	100% prior to providing services	2005-2006	PM Credentialing Specialist		R			R			R			R	
Provider Recredentialing (based on committee approval)	Network Adequacy	P	C/S	Monthly Indicator	100% prior to expiration (5% Gap; Yr 1 ↑ Goal: 96%)	2005-2006	PM Credentialing Specialist		R			R			R			R	
Comprehensive Service Procurement	Network Adequacy	FS	S	Contract Records	Contracts executed for all levels of care except for MST	2005-2006	Administration Contract Section												R

B. Utilization Program

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sept 2006
Service Gaps	Availability of Care/ Network Adequacy	P	C	Monthly Indicator	98% of consumers receive service within 30 days of request	2005-2006	FGC/CSO Resource Management	R	X	X	R	X	X	R	X	X	R	X	X
Service Mismatches	Availability of Care/ Network Adequacy	P	C	Monthly Indicator	95% of consumers receive specific services in CSP within 30 days	2005-2006	FGC/CSO Resource Management	R	X	X	R	X	X	R	X	X	R	X	X
Bed Availability	Availability of Care	P	C	Provider Census Database	≥3% bed vacancy rate system-wide	2005-2006	CSO Resource Management	X	X	R	X	X	X	X	X	R	X	X	X
Registration Date to 1 st Receipt of Services	Access to Routine Care	P	C	Annual CAMHMIS	100% ≤ 30 days (50% Gap; Yr 2 ↑ Goal: 60%)	2005-2006	PM Program Monitoring	X	X	X	X	X	X	X	X	R	X	X	X
Time from Mobile Outreach Referral to Mobile Outreach Arrival	Access to Urgent Care	P	C	Provider Records	90% on-site response within 45 minutes or usual transport time (4% Gap; Yr 1 ↑ Goal: 87%)	2005-2006	PM Program Monitoring	X	X		R	X	X	X	X		R	X	X
Time from Mobile Outreach Referral to Mobile Outreach Arrival	Access to Emergent Care	P	C	Provider Records	90% on-site response within 45 minutes or usual transport time (8% Gap; Yr 1 ↑ Goal: 83%)	2005-2006	PM Program Monitoring	X	X		R	X	X	X	X		R	X	X
Hotline Responsiveness	Access to Care	P	C	Provider Records	85% Hold Time ≤ 15 sec	2005-2006	PM Program Monitoring	R	X	X	R	X	X	R	X	X	R	X	X
Hotline Responsiveness	Access to Care	P	C	Provider Records	85% Number of Rings ≤ 3 (or ≤ 10 sec)	2005-2006	PM Program Monitoring	R	X	X	R	X	X	R	X	X	R	X	X
Appointments After Discharge (e.g., services within 30 days of CBR discharge)	↑ Risk Under-Utilization Follow-Up Services	P	C	CAMHMIS	80% of Youth Date of 1 st Accepted Record or date of OOS service within 30 days of CBR discharge date or last CBR Accepted Record (4% Gap; Yr 1 ↑ Goal: 76%)	2005-2006	CSO Resource Management	X	X	R	X	X	X	X	X	R	X	X	X

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sept 2006
Utilization of Substance Abuse Services	↑ Risk Under-Utilization	P	C	CAMHMIS	60% of youth with Substance-Related Diagnosis with Substance Use endorsed as target on Provider Monthly Summary (2% Gap; Yr 1 ↑ Goal: 58%)	2005-2006	CSO Resource Management/ MIS	X	X	R	X	X	X	X	X	R	X	X	X
Intensive Home and Community Based Services Length of Services	Over-Utilization	P	C	CAMHMIS	≥ 60% of consumers receiving IIH Services have Length of Stay within IPSPG Standards	2005-2006	CSO Resource Management	X	X	X				R					
Length of Stay	Over-Utilization	P	C	CSO Provider Database	≥ 50% of consumers in HBR, CBR and TGH LOC will have LOS within IPSPG Standards (3% Gap; Yr 2 ↑ Goal: 47%)	2005-2006	CSO Resource Management	R (FY '05)	X	X	X	X	X	X	X	X	X	X	X
% of Consumers Linked to Physical Health Services	↑ Risk Coordination of Care	P	C	Document Review	90% of QUEST-eligible youth have quarterly PCP form submitted to PCP	2005-2006	FGC/ PM				X	X	X		R				
Care Coordination Quality	↑ Risk Coordination of Care	FS	C	Internal Review	≥ 85% of Reviewed Cases with Acceptable Care Coordination Rating Updated Semi-Annually	2005-2006	PM Program Monitoring	X	X	X	R	X	X	R					
Coordinated Service Plan (CSP) Timeliness	Timely Planning Coordination of Care	P	C	Record Review	85% of Consumers with CSP Updated Semi-Annually	2005-2006	PM Program Monitoring	X	X	X	R	X	X	R	X	X	R	X	X
Provider Satisfaction with UM	Provider Satisfaction	P	S	Survey	80% of providers report satisfaction with UM (3% Gap; Yr 2 ↑ Goal: 78%)	2005-2006	Provider Relations Specialist							X	X	X	R		
CBR/TGH/TFH Provider Practice Patterns	Network Adequacy/ Provider Practice	FS	C	Provider Census Database	Complete an analysis of beds used and LOS for all CBR, TGH, and TFH providers	2005-2006	CSO Resource Management	R CBR			R TGH				R TFH				
Patients Receiving Inpatient, Day Night Care, and Ambulatory Services	Under-Utilization	FS (QUEST)	C	HEDIS	75% of QUEST Consumers have MH Services Procured Baseline	2005-2006	CSO Resource Management/MIS			R									

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sept 2006
Unduplicated Count of QUEST Members	Under-Utilization	FS (QUEST)	S	HEDIS	> 1,000 QUEST Members Registered for \geq 1 Day During Year Baseline	2005-2006	CSO Resource Management/MIS			R									

C. Quality of Care and Service Provision

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sept 2006
Sentinel Events/1000	Safety	P	C	Quarterly Indicator	500/1000	2005-2006	PM Sentinel Events	X	X	R	X	X	R	X	X	R	X	X	R
Quality of Care Study #1	↑ Risk Clinical & Administrative Practices	P	S/C	Performance Improvement Project	Reduction of Seclusion & Restraint in CBR Final Analysis of FY2004	2005-2006	PM/RES					R Final							
Quality of Care Study #2	Clinical Practices	P	C	Performance Improvement Project	Congruence between CSPs and Treatment Plans Baseline Report & Remeasurement	2005-2006	PM/RES					R Interim			X	X	X		
Quality of Care Study #3	↑ Risk Clinical & Administrative Practices	P	S/C	Performance Improvement Project	Reduction of Seclusion & Restraint in HBR Preliminary Reporting (Activities 1 – 3)	2005-2006	PM/RES												R Prelim
CAFAS 8-scale Total Score	↑ Risk Child Status	P	C	Annual CAMHMIS	≥ 0.5 Standard Deviation Unit Difference between New Admission and Average Scores	2005-2006	FGC Branch Chiefs/RES/PM	X	X	R	X	X	X	X	X	X	X	X	X
CAFAS School Role Performance Scale	↑ Risk Child Status	P	C	Annual CAMHMIS	≥ 0.5 Standard Deviation Unit Difference between New Admission and Average Scores	2005-2006	FGC Branch Chiefs/RES/PM	X	X	R	X	X	X	X	X	X	X	X	X
Provider Monitoring Reviews	Clinical and Administrative Practices	P	C/S	Annual Indicator	100% of Provider Agencies Reviewed Annually	2005-2006	PM Program Monitoring Supervisor									R			
Business Practices	Staff Education	P	S	Quarterly Indicator	85% of new employees receiving orientation to health plan within 60 days (2% Gap; Yr 1 ↑ Goal: 83%)	2005-2006	Administration Personnel Section	X	R	X	X	R	X	X	R	X	X	R	X
Update Performance Standards and Practice Guidelines	Clinical and Administrative Practices	P	C	Document Review: IPSPG	100% of performance standards and practice guidelines reviewed and revised if necessary	2005-2006	CSO Practice Development									R			

D. Consumer Satisfaction

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sept 2006
Grievance Rate	Care and Service Satisfaction	P	C	Grievances	≤ 10 grievances per 1,000 youth	2005-2006	PM Grievance Office	RQ4		RQ1			RQ2			RQ3			RQ4
Grievance Turnaround Time	Member Perception of Service	P	S	Grievances	80% of grievances resolved in ≤ 30 days (10% Gap; Yr 1 ↑ Goal: 71%)	2005-2006	PM Grievance Office	RQ4		RQ1			RQ2			RQ3			RQ4
Dissatisfaction with Access to Care	Consumer Perception of Access to Care	P	S	Grievances	≤ 10 access to care grievances per 1,000 youth	2005-2006	PM Grievance Office	RQ4		RQ1			RQ2			RQ3			RQ4
Satisfaction with Access to Care	Consumer Perception of Access to Care	P	S	Consumer Survey: Access to Care (> 3 of 5)	80% Baseline	2005-2006	RES				X	X	X			R			
Consumer Perception of Participation in Treatment	Consumer Satisfaction	P	S	Consumer Survey: Treatment Participation Scale (> 3 of 5)	80% Baseline	2005-2006	RES				X	X	X			R			
Consumer Perception of Service Quality/ Appropriateness	Consumer Satisfaction	P	S	Consumer Survey Overall Service Rating (> 5 of 10)	80%	2005-2006	RES				X	X	X			R			
Consumer Satisfaction with Benefit Company	Consumer Satisfaction	P	S	Consumer Survey: Overall Company Rating (> 5 of 10)	80% (4% Gap; Yr 2 ↑ Goal: 77%)	2005-2006	RES				X	X	X			R			

E. Delegation Oversight

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sept 2006
Credentialing Delegation Oversight	Network Adequacy	P	DO	On-site	100% of sites reviewed annually	2005-2006	PM Credentialing PM Facility Certification Specialist Program Reviewers	X	X	X		R					X	X	X

F. Compliance Program

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sept 2006
Compliance Program	↓ Fraud and Abuse	R	S	Quarterly Indicator	90% of fraud and abuse issues are determined within 90 days	2005-2006	Compliance Committee Chair	R	X	X	R	X	X	R	X	X	R	X	X

ABBREVIATIONS:

ASO	= Department of Health Administrative Services Office
C	= Clinical Study
C/S	= Clinical/Service Study
CAMHMIS	= Child and Adolescent Mental Health Management Information System
CHR	= Community High-Risk Services
CSO	= Clinical Services Office
CSP	= Coordinated Service Plan
DO	= Delegation Oversight
FGC	= Family Guidance Branch (inclusive of Family Guidance Centers and Family Court Liaison Branch)
FS	= Focused Study on Select Members
HBR	= Hospital-Based Residential Services
IIH	= Intensive In-Home Services
IP	= Intervention Period
IPSPG	= Interagency Performance Standards and Practice Guidelines
LOC	= Level of Care
LOS	= Length of Stay
LRE	= Least Restrictive Environment
MIS	= Management Information Systems Office
OOH	= Out-of-Home Services
OOS	= Out-of-System Services
P	= Population Measurement
PIP	= Performance Improvement Project
PM	= Performance Management Section
R	= Report
R (CBR)	= Report (Community-Based Residential)
R (TFH)	= Report (Therapeutic Foster Home)
R (TGH)	= Report (Therapeutic Group Home)
R1Q	= Report First Quarter
R2Q	= Report Second Quarter
R3Q	= Report Third Quarter
R4Q	= Report Fourth Quarter
RES	= Research Evaluation Specialist
S	= Service Study
TBD	= To Be Determined
UM	= Utilization Management
X	= Data Collection Period

VI. OVERSIGHT AND DIRECTION

- A. The Performance Improvement Steering Committee (PISC) is the body in which responsibility for the overall Workplan resides.
- B. The PISC monthly meeting is held and exercises oversight through a standing agenda item of the Work Plan.
- C. The Executive Management Team provides overall accountability and approval of the QAIP Work Plan

VII. REVIEW AND APPROVAL

The Executive Management Team exercises oversight by reviewing and approving the QAIP Work Plan.

Performance Improvement Steering Committee Review and Recommendation for Approval

Mary Bogan
Chair

Date of Review

November 14, 2005

Executive Management Team Review and Approval

Chris Miller
Chief

Date of Approval

12/21/05